FORM 1		STATEMENT OF		2003	
Please print or type your name, mailing address, agency name, and position bel	ow:	FINANCIAL INTERF	ESTS		
LAST NAME - FIRST NAME - MIDD MYERS FR MAILING ADDRESS			FOR OFF		
21461 WID	GEL	NTER	N		
FT MYERS					
CITY :	ID No.				
3393 LEE ID No. NAME OF AGENCY: AIRPORT SPECIAL MANAGE Conf. Code T, D, C, - AIRPORT SPECIAL MANAGE P. Req. Code NAME OF OFFICE OR POSITION HELD OR SOUGHT: ME OF OFFICE					
$\frac{COMMITTEE}{CHECK IF \Box CANDIDATE OR}$		RSD N NEW EMPLOYEE OR APPOINTEE			
	·كا 		V	PDF 2003	
THIS SECTION MUST BE COMPLETED DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2003 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:					
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):					
	SE) THRE	SHOLDS <u>OR</u>		OLLAR VALUE THRESHOLDS	
PART A PRIMARY SOURCES OF NAME OF SOURCE OF INCOME	NCOME	[Major sources of income to the reporting person] SOURCE'S ADDRESS		DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY	
RED COCONUT	<u>RU</u>		UD	RU FNDUSTRY	
RESORT & GUL	, (=	FT MYERS BCH		RENT FROM GUEF	
VIEW SADAPS		FL: 53751		RENT FROM GUEF UIEN SHOPS	
PART B - SECONDARY SOURCES NAME OF BUSINESS ENTITY	NAM	ME (Major customers, clients, and other sources of E OF MAJOR SOURCES ADDR F BUSINESS' INCOME OF SO	RESS	usinesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land	buildings			I FILING INSTRUCTIONS for when and where to file this form are locat- od at the better of page 2	
21461 WIDGED		0	OME ME	ed at the bottom of page 2.	
131 MIDISLAN 141 MIDISLA	this form and how to fill it out begin on page 3.				
200 DONORA ST, FMB <u>NOME</u> OTHER FORMS you may need 3001 ESTERO BLUD, FMB RU PARK file are described on page 6.					
CE FORM 1 - Eff. 1/2004 (Continued on reverse side)					

CE FORM 1 - Eff. 1/2004 (Continued on reverse side)

PART D INTANGIBLE PERSONAL PROPERTY [Sto TYPE OF INTANGIBLE	ocks, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WH	
ASSORTED STOCKS HND	PADYNE 2SHIN Sala	505 H 10
CUNERSHIP	PARTNERSHIP OUN. 50 % OWNERS	4)p
PART E LIABILITIES [Major debts] NAME OF CREDITOR	ADDRESS	OF CREDITOR
Bank of AMERICA	2525 ESTERO BLUX	FMB, FL 33931
Coloniai Bank	6061 ESTERO BLUD	FMB, FL 33931
PART F	Ownership or positions in certain types of businesse	s]
NAME OF BUSINESS ENTITY ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY POSITION HELD WITH ENTITY I OWN MORE THAN A 5% INTEREST IN THE BUSINESS NATURE OF MY OWNERSHIP INTEREST	HITY # 1, BUSINESS ENTITY # 2 ENTITY # 1 ENTITY # 1 BUSINESS ENTITY # 2 ENTITY # 1 BUSINESS ENTITY # 2 ENTITY # 1 ENTITY # 1, BUSINESS ENTITY # 2 ENTITY # 1, BUSINESS ENTITY # 1, BUSINESS EN	2 BUSINESS ENTITY # 3
SIGNATURE (required):	RE CONTINUED ON A SEPARATE SHE P. Jujeus Date s	ET, PLEASE CHECK HERE \Box SIGNED (required): 7-3/-04
WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy	ILING INSTRUCTIONS: WHERE TO FILE: If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. Local officers/employees file with the Supervisor of Elections of the county in which they perma- mently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709. Candidates file this form together with their qualifying papers.	 WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment. Candidates for publicly-elected local office must file at the same time they file their qualifying papers. Thereafter, local officers/employees, state officers, and specified state employees are required to file by Juty 1st following each calendar year in which they hold their posi-

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

CE FORM 1 - Eff. 1/2004

FORM 1	STATEM	ENT OF	2003
Plasse print or type your name, mailing address, agency name, and protition below	FINANCIAL	INTERESTS	
LAST HAME - FIRST NAME - MIDOL	E NAME : DA	FOR OFFI	
MYERS FRA	NCES PAULI		
21461 WIDE	GEON TER		
FT MYERS	BCH FL.		
CITY :	ZIP: COUNTY:	V	ID No. C
NAME OF AGENCY :	33931 LE	<u> </u>	
T.D.C.			Conf. Code
NAME OF OFFICE OR POBITION HELL			P. Req. Code :
	Thew EMPLOYEE OR APPOIN	TÉE	
			PDF 2003
DISCLOSURE PERIOD:			
A FISCAL YEAR. PLEASE STATE BEL			R BASED ON A CALENDAR YEAR OR ON AR ENDING EITHER (check one):
DECEMBER 31, 2003		TAX YEAR IF OTHER THAN TH	E CALENDAR YEAR:
	S THE OPTION OF USING REPOR		E ABSOLUTE DOLLAR VALUES, WHICH BASED ON PERCENTAGE VALUES (1000
instructions for further details). PLEAS	E STATE BELOW WHETHER THIS ST	ATEMENT REFLECTS EITHER ((check one):
	E) THRESHOLDS		ALLAN VALUE THRESHOLDS
• · · · · · · · · · · · · · · · · · · ·			
PART A - PRIMARY SOURCES OF IN NAME OF SOURCE OF INCOME	SOU	ne reporting person) RCEB RESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
NAME OF SOURCE	SOU	RCEB	
NAME OF SOURCE OF INCOME	SOU ADC	ERO BLUD	RU FNDUSTRY 4-COLLECTION OF
NAME OF BOURCE OF INCOME RED COCON47	ed 3001 EST	ERO BLUD	PRINCIPAL BUSINESS ACTIVITY <u>RU</u> FNDUSTRV <u>Y-COLLECTION</u> OF <u>RENT</u> FROM GUEF
RED COCONUT RESORT + GUL	ed 3001 EST	ERO BLUD	RU FNDUSTRY 4-COLLECTION OF
NAME OF SOURCE OF INCOME RED COCON47 RESORT + G4L U'IEW STOPPS PART B - SECONDARY SOURCES O	RU 3001 EST E FT MYEN FL : 3 FL : 3	RCE'S REAS ERO BLUD S BCH 3931 and other sources of income to be	PRINCIPAL BUSINESS ACTIVITY RU FNDUSTRV 4-COLLECTION OF RENT FROM GUEF UIEW SHOPS Shops
RED COCONUT RED COCONUT RESORT + GUL U'IEW SHOPPS	RU 3001 EST E FT MYEN FL. 3	ERO BLUD S BCH 3931	PRINCIPAL BUSINESS ACTIVITY RU FNDUSTRV 4-COLLECTION OF RENT FROM GUEF UIEW SHOPS
RED COCONUT RED COCONUT RESORT + GUL U'IEW STOPPS PART B - SECONDARY SOURCES O NAME OF	RU 3001 EST F FT MYEN FL 3 FINCOME Major customers, cliente, NAME OF MAJOR SOURCES	RCE'S REAS ERO BLUD S BCH 3931 and other sources of income to be ADDRESS	PRINCIPAL BUSINESS ACTIVITY RU FNDUSTRV 4-COLLECTION OF RENT FROM GUEF UIEW SHOPS ULINESS OWNED by the reporting porton] PRINCIPAL BUSINESS
RED COCONUT RED COCONUT RESORT + GUL U'IEW STOPPS PART B - SECONDARY SOURCES O NAME OF	RU 3001 EST F FT MYEN FL 3 FINCOME Major customers, cliente, NAME OF MAJOR SOURCES	RCE'S REAS ERO BLUD S BCH 3931 and other sources of income to be ADDRESS	PRINCIPAL BUSINESS ACTIVITY RU FNDUSTRV 4-COLLECTION OF RENT FROM GUEF UIEW SHOPS ULINESS OWNED by the reporting porton] PRINCIPAL BUSINESS
RED COCONUT RED COCONUT RESORT + GUL U'IEW STOPPS PART B - SECONDARY SOURCES O NAME OF	RU 3001 EST F FT MYEN FL 3 FINCOME Major customers, cliente, NAME OF MAJOR SOURCES	RCE'S REAS ERO BLUD S BCH 3931 and other sources of income to be ADDRESS	PRINCIPAL BUSINESS ACTIVITY RU FNDUSTRV 4-COLLECTION OF RENT FROM GUEF UIEW SHOPS ULINESS OWNED by the reporting porton] PRINCIPAL BUSINESS
NAME OF SOURCE OF INCOME RED COCONUT RESORT + GUL U'IEW STOPPS PART B - SECONDARY SOURCES O NAME OF BUSINEDS ENTITY	BOU ADD ADD ADD ADD ADD ADD ADD AD	RCE'S REAS ERO BLUD 25 BCH 393 and other sources of income to be ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY RU FNDUSTRV 4-COLLECTION OF RENT FROM GURF UIEW SHOPS USINESSES OWNED by the reporting portan] PRINCIPAL BUSINESS ACTIVITY OF BOURCE
NAME OF SOURCE OF INCOME RED COCONUT RESORT + GUL U'IEW SHOPPS PART B - BECONDARY SOURCES ON NAME OF BUSINESS ENTITY PART C - REAL PROPERTY [Lond, I	BOU ADD ADD ADD ADD ADD ADD ADD AD	RCE'S REAS ERO BLUD 25 BCH 393 and other sources of income to be ADDRESS OF SOURCE	FILING INSTRUCTIONS for when and where to file this form are locat-
NAME OF SOURCE OF INCOME RED COCON47 RESORT + G4L U'IEW STOPPS PART B - SECONDARY SOURCES ON NAME OF BUSINESS ENTITY MART C - REAL PROPERTY [Land, I 21461 WIDGEON	BOU ADD ADD ADD ADD ADD ADD ADD AD	RCE'S REAS ERO BLUD 25 BCH 393 and other sources of income to be ADDRESS OF SOURCE	FILING INSTRUCTIONS for when and where to file this form are locat- of at the bottom of page 2.
NAME OF SOURCE OF INCOME RED COCON47 RESORT + G4L U'IEW SHOPPS PART B - SECONDARY SOURCES O NAME OF BUSINESS ENTITY PART C - REAL PROPERTY [Land, I 21461 WIDGEON 131 MID ISLAN	BOU ADD ADD ADD ADD ADD ADD ADD AD	RCE'S REAS ERO BLUD S BCH 3931 and other sources of income to be ADDRESS OF SOURCE MINE ADRE Source ADDRESS	FILING INSTRUCTIONS for when and where to file this form are locat-
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NAME OF SOURCE OF INCOME RED COCONUT RESORT + GUL U'IEW STOPPS PART B - SECONDARY SOURCES O NAME OF BUSINEDS ENTITY PART C - REAL PROPERTY [Land, 1 21461 WIDGEON 131 MID ISLAN 141 MID ISLAN	BOU ADD ADD ADD ADD ADD ADD ADD AD	RCE'S REAS ERO BLUD S BCH 3931 and other sources of income to be ADDRESS OF SOURCE of SOURCE	FILING INSTRUCTIONS for when and where to fill it out begin on page 3.

CE FORM 1 - ER. 1/2004 (Continued on reverse side)

PART D - IN TANGIBLE PERSONAL PROPERTY (S TYPE OF INTANGIBLE	Nocks, bonds, certificates of deposit, etc.) 1 BUSINESS ENTITY TO VAN	the, bonds, certificates of deposit, etc.] BUSINESS ENTITY TO WHICH THE PROPERTY RELATES				
ASSORTED STOCKS AND						
Bondo 50%	PARINERSNIP OWNERS	ERSHIP				
OWNERSHID	50 Th OWNERSI	VID				
PART E LIABILITIES (Major debis)						
NAME OF CREDITOR		ADDRESS OF CREDITOR				
Bunk of HMERICA	- 525 ESTERO BLUS	-1525 ESTERO BLUX FMB, FL 33931				
Colinia Bank	10061 ESTERO BLUD	FMB, FL 33931				
		-				
PART F INTERESTS IN SPECIFIED BUSINESSES	(Ownership or positions in certain types of businesses	a l				
BUSINESS E	NTITY # 1 BUSINESS ENTITY # 2	BUSINESS ENTITY # 3				
NAME OF BUSINESS ENTITY	1955 jac					
ADDRESS OF BUGINESS ENTITY	ENTID					
ACTIVITY ALEINESS	SPILL					
POSITION HELD						
I OWN MORE THAN A STA	OD FF					
INTEREST IN THE BUSINESS						
OWNERSHIP INTEREST	0-					
IF ANY OF PARTS A THROUGH FA	ARE CONTINUED ON A SEPARATE SHE					
EXAMATURE (rogutrod: Frances P. Dryers DATE SIGNED (rogutrod): 7-31-04						
	TILING INSTRUCTIONS:					
WHAT TO FILE:	WHERE TO FILE:	WHEN TO FILE:				
After completing all parts of this form, including	If you were mailed the form by the Commission	initially, each local efficientemployee, state				
signing and dating it, send back only the first sheet (pages 1 and 2) for filing.	on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form	officer, and specified state employee must file within 30 days of the date of his or her				
	to that location.	appointment or of the beginning of employ- ment. Appointees who must be confirmed by				
	Local officers/amployues the with the Supervisor of Elections of the county in which they perma-	the Servets must like prior to confirmation, even if that is less then 30 days from the date of				
NOTE:	nently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county	if pair is less even 30 days nom the date of their appointment.				
MULTIPLE FILING UNNECESSARY:	where your agency has its headquarters.)	Candidates for publicly-elected local affice				
Generally, a person who has filed Form 1 for a calendar or facel year is not required to file a	State officers or apocified state employees No with the Commission on Ethics, PO, Drawer	must file at the same time they file their qualifying papers.				
second Form 1 for the same year. However, a candidate who previously filed Form 1 because	15709, Talishassee, FL 32317-5709.	Thereafter, local officers/employees, state				
of another public position must at least file a copy	Conditions file this form together with their quelifying papers.	officers, and specified state employees are required to file by July 1st following each				
of his or her original Form 1 when qualifying.	To determine what category your position	calendar year in which they hold their posi- tions.				
	tails under, see the "Who Must File" instructions on page 3.	Finally, at the end of office or employment,				
		each tocal officer/employee, state officer, and specified state employee is required to file a				
		fine) disclosure form (Form 1F) within 60 days				
		of leaving office or employment.				

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